Kansas Department of Health & Environment 1000 SW Jackson, Suite 310, Topeka, Kansas 66612-1366

Phone: (785) 296-1688

			1		Reporting	g Peri	od				
	Important: Read all instructions before con	From Janu	er 31,		Page of						
KANSAS	2 Facility Identification 2a New	Facility 🗌 Yes 🗌 No		3 Ov	vner/Operator N	Vame					
EPCRA	Name	Business Name Bus. Phone ())		
TIER II	Street Address/Legal Desc.			Address							
Emergency	City County State Zip				City State Zip Country						Country
and Hazardous	Nearest Cross Street	Submitter									
Chemical	Phone ()		Dun & Brad #								
Inventory	Send correspondence to: Facility Address	□ Owner/Operator Address □ E	ss 🗆 Either 5 Please Indicate as Appropriate								
4 Emergency Contacts					□ Section 302 □ Section 311 □ Section 312						
1. Name Title				Initial Submis	Initial Submission Update Check if information is identical to last year						ntical to last year
Business Phone or Day () 24 Hr. Phone ()				For Official Use Only							
2. Name	Title	2									
Phone () 24 Hr. Phone ())#	Par	ent ID #	ŧ	Entered By		
6a	Chemical Description	6b Mixture Co	omponent]	Information		6c		s	torage Co	des and 1	Locations
		The way about all Alive	ction is optional		С	Рт		(Non-Confidential)			
		IT you checked mix			C P T C R E R F R P P P P P P P P P P P P P P P P P						
CAS	Trade Secret 🗆	Mixture Component	Percent		 ::AS #		3 .	Т			
Chemical Name		MIXTUI E COMPONEM	reiteni		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Chemical Form		E.									
Check all that apply: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						Max	imum Daily A	Amount (In Pounds)			
											7
Chemical Haza	rds						Average Daily A			Pounds)	
Check all that apply: Fire Pressure Reactive Delayed Immediate											
							•				□ Optional Report
								Number o	f Days on	Site	
7 Certification (Read and sign after completing all Sections)					8 Optional	Atta	hments				
I certify under penalty of law, I have personally examined and am familiar with the information submitted in pages 1 through, and based on my inquiry of those individuals response for obtaining the information, I believe the submitted information is true, accurate and complete.											
					☐ I have attached a list of site coordinate abbreviations ☐ I have attached a description of dikes and other safeguard measures						
Name and official title of owner/operator=s authorized representative Signature Date Sign											

6a Chemical Description		6b Mixture Component Information If you checked Mix - Please complete this section				C O N T	P R E S S	T E M P	Storage Codes and Locations (Non-Confidential) E M P			
CAS	Trade Secret 🗆	Mi	xture Component	Percent	CAS#							
Chemical Name:												
Chemical Form												
Check all that apply:	□ □ □ □ □ □→ EHS Solid Liquid Gas Pure Mix					Ma	ximu	m Da	aily Amount (In Pounds)			
Chemical Hazard						4,,	0000	. Dail	illy Amount (To Pounda)			
						AV	Average Daily Amount (In Pounds)					
Спеск ан тнат арріу:	Fire Pressure Reactive Delayed Immediate								Ontional Depart			
						-	I	I	□ Optional Report			
									Number of Days on Site			
CAS	Trade Secret 🗆	Mi	xture Component	Percent	CAS#							
Chemical Name:												
Chemical Form												
Check all that apply: EHS	□ □ □ □ □ □→ EHS Solid Liquid Gas Pure Mix					Maximum Daily Amount (In Pounds)			aily Amount (In Pounds)			
Chemical Hazard	s					Av	Average Daily Amount (In Pounds)					
Check all that apply:	Fire Pressure Reactive Delayed Immediate											
									□ Optional Report			
									Number of Days on Site			
CAS	Trade Secret 🗆	Mi	xture Component	Percent	CAS#							
Chemical Name:												
Chemical Form												
Check all that apply:	□ □ □ □ □ □→ EHS Solid Liquid Gas Pure Mix					Maximum Do	m Da	aily Amount (In Pounds)				
En3	2.10 Cond Elquid Cas Ture Mix											
Chemical Hazard	5					Av	Average Daily Amount (In Pounds)					
Check all that apply:	Fire Pressure Reactive Delayed Immediate											
	rire rressure keactive Delayea Immediate						☐ Optional Repo					
									Number of Days on Site			